At a Glance:

Sexually Transmitted Diseases

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
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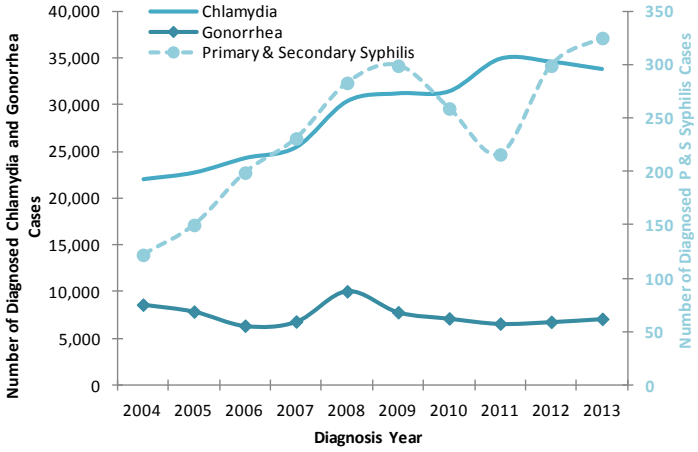
Over 20 million new sexually transmitted infections are diagnosed each year costing the American healthcare system nearly $16 billion in direct medical costs alone. Undiagnosed and untreated sexually transmitted diseases (STDs) can have major health consequences for men and women including the facilitation of HIV transmission, infertility, fetal and perinatal health problems, pelvic inflammatory disease, and cancer.

Over 41,000 Virginians were reported as diagnosed with a gonorrhea, chlamydia, or syphilis infection in 2013. Virginia receives about $1.9 million in federal funds each year for the prevention of STDs. Recent reallocation of funds at the federal level will increase Virginia's award over the coming three years to $2.1 million.

Diagnosed Chlamydia, Gonorrhea & Primary & Secondary Syphilis Cases in Virginia, 2004 - 2013*



Chlamydia is the most frequently reported infectious disease in the US. In 2013, Virginia ranked 31st among states for total morbidity and reported a slightly lower rate of disease than the nation as a whole (Virginia 407 per 100,000; US 446.6).

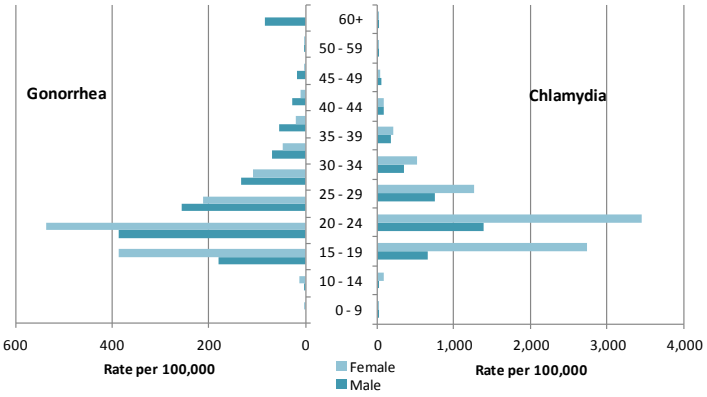
Virginia ranked 28th among states for total cases of gonorrhea, the second most frequently reported infectious disease in the US. Virginia reported a slightly lower rate of disease than the nation as a whole (Virginia 84.9 per 100,000; US 106.1). However, the rate of gonorrhea in Virginia increased 5% compared to the previous year.

*Diagnoses for 2014 are incomplete due to delays in reporting and therefore excluded from analysis.

Recent data indicates that Virginia ranks 22nd in the nation in primary and secondary syphilis case reporting at 3.8 cases per 100,000 compared to the US average of 5.5 per 100,000. Rates of primary and secondary syphilis increased almost 8% in 2013 compared to 2012.

These data indicate that more needs to be done to address STDs in the US and Virginia. Men who have sex with men (MSM) and young women under age 24 are key groups that should be screened regularly.

Rates of Diagnosed Gonorrhea & Chlamydia by Age & Sex in Virginia, 2013*



STDs & HIV

Research indicates that those infected with STDs are at least two to five times more likely to acquire HIV, if exposed. Additionally, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons. Strong STD prevention, testing, and treatment play a vital role in preventing HIV transmission. To this end, Virginia's STD program collaborates with HIV Prevention to expand reach and maximize impact.

Health Disparities in Virginia

- 86% of HIV and TES co-infections are among MSM.
- Black women ages 20 to 29 have the highest rate of chlamydia of any age and race group.
- Black men ages 20 to 29 have the highest rate of early syphilis of any age and race group.
- Black persons represent less than 20% of Virginia's population, but comprise 63% of gonorrhea cases.

STD PROGRAM ACTION

INITIATIVES

Sentinel surveillance collects enhanced surveillance data on individuals diagnosed with gonorrhea in the general population and on patients attending STD clinics. Four Virginia localities currently participate in enhanced surveillance activities: Richmond City, Alexandria City, Henrico County, and Chesterfield County. Further expansion into additional localities, including Prince William County, is will be initiated in early 2015. Enhanced surveillance data was captured for approximately 7,000 STD clinic visits and over 1,500 cases of gonorrhea in 2013. This data includes information not only on STD diagnoses, but also on patient demographics and high-risk behaviors.

A new STD surveillance system, Maven, will replace the current STD database by the end of 2015 or early 2016. Maven will also assist with division-wide data inter-operability to enhance STD/HIV/TB/Hepatitis program operations and serve as a central repository for electronic laboratory reporting (ELR).

Staff from the STD Surveillance, Operations & Data Administration (SODA) program are leading Virginia's participation as one of four funded jurisdictions (Houston, Illinois, Southern Nevada Health District and Virginia) in a Reportable Conditions Knowledge Management System grant. This project is funded through the Council of State and Territorial Epidemiologists (CSTE) and aims to create an open source, automated system for electronic reporting of infectious diseases from healthcare providers.

SAFETY NET SERVICES

There has been a change in the service model of safety net services as a result of the Affordable Care Act. The Virginia STD program provides funds for safety net services at local health departments and community based organizations across the state. The US Preventive Services Task Force (USPSTF) recently released recommendation statements regarding chlamydia and gonorrhea screening, as well as behavioral counseling interventions to prevent STDs. The USPSTF recommends screening for chlamydia and gonorrhea in sexually active women aged 24 years or younger and in older women who are at increased risk for infection. Intensive behavioral counseling is recommended for all sexually active adolescents and for adults who are at increased risk for STDs.

PARTNER SERVICES

Partner services are provided to local health departments through the provision of Disease Intervention Specialists (DIS). DIS conduct individual interviews and counseling sessions to identify at-risk individuals, to inform individuals of their exposure or infection, reduce re-infection, and provide assistance with linkage and access to adequate medical care.

In 2013, DIS provided case management for 689 syphilis cases and preventive treatment for 243 sexual partners.

TECHNICAL EXPERTISE

Virginia's epidemiologists, those who study patterns, causes, and effects of health in defined populations, lend their expertise to inform university research. Mapping the social determinants of health and morbidity allow services to be targeted to the populations with the greatest need and enhances the competiveness of grant applications.

CHALLENGES

The progressive development of antibiotic resistant bacteria continues to be a major concern for public health. The National Strategy for Combating Antibiotic-Resistant Bacteria, released in September 2014, lists *Neisseria gonorrhoeae* as one of three URGENT Threat Level Pathogens in the US. Antibiotic resistance undermines treatment success, heightens the risk of complications and facilitates transmission of infection.

Ensuring patient confidentiality in a third-party billing setting is complex as the process can adversely impact patient confidentiality, typically in the form of statements sent to policy holders. These forms may be especially troublesome for adolescents on their parent's insurance policy. Adolescents may risk disclosure of STD-related care to a parent or guardian which can prevent the adolescent from obtaining future care.

Recent studies indicate 77% of chlamydia and 95% of gonorrhea infections are missed among MSM if screening is only performed at urethral sites. Under-screening of extragenital sites, the rectum and oropharynx, contributes to the further spread of STDs, particularly among MSM. Recent studies showed MSM diagnosed with rectal gonorrhea or chlamydia infections in the past two years were associated with a risk of HIV-infection eight times higher than that of MSM with no prior rectal gonorrhea or chlamydia infections.

The two most reported infectious diseases in the US are chlamydia and gonorrhea, and ELR will vastly improve timeliness and accuracy of reporting. As such, Virginia is attempting to rapidly expand the number of facilities that participate in ELR. The need for public health ELR infrastructure increased rapidly with the introduction of the Electronic Health Record Incentive Program and subsequent Meaningful Use requirements. However, without specific funding, public health continues to work through a backlog of facilities related to on-boarding of healthcare facilities.

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Visit http://www.vdh.virginia.gov/std for more information.